

CDRR 101

Planning Applicant Session

Bureau of Health Promotion Programs

Physical Activity & Nutrition

Injury Prevention

Chronic Disease Risk Reduction

School Health

Safe Kids Kansas

Senior Farmers Market
Nutrition Program



Heart Disease & Stroke

Arthritis

Cancer Control

Tobacco Use Prevention Program

Diabetes

Oral Health

Sexual Violence Prevention

KANSAS | Chronic
Disease
Risk
Reduction

Chronic Disease Risk Reduction History

- Began in 1989
- Targeting tobacco use, physical inactivity, & lowering dietary fat
- Known as LIVELY (Life Interest Vigor Entering Later Years) targeted age 55+
- 14 grants & $\frac{3}{4}$ of a state staff coordinating the program & providing assistance

Funding Sources

- National Centers For Disease Control and Prevention
- Master Settlement Agreement - Kansas Endowment for Youth, Children's Initiative Cabinet



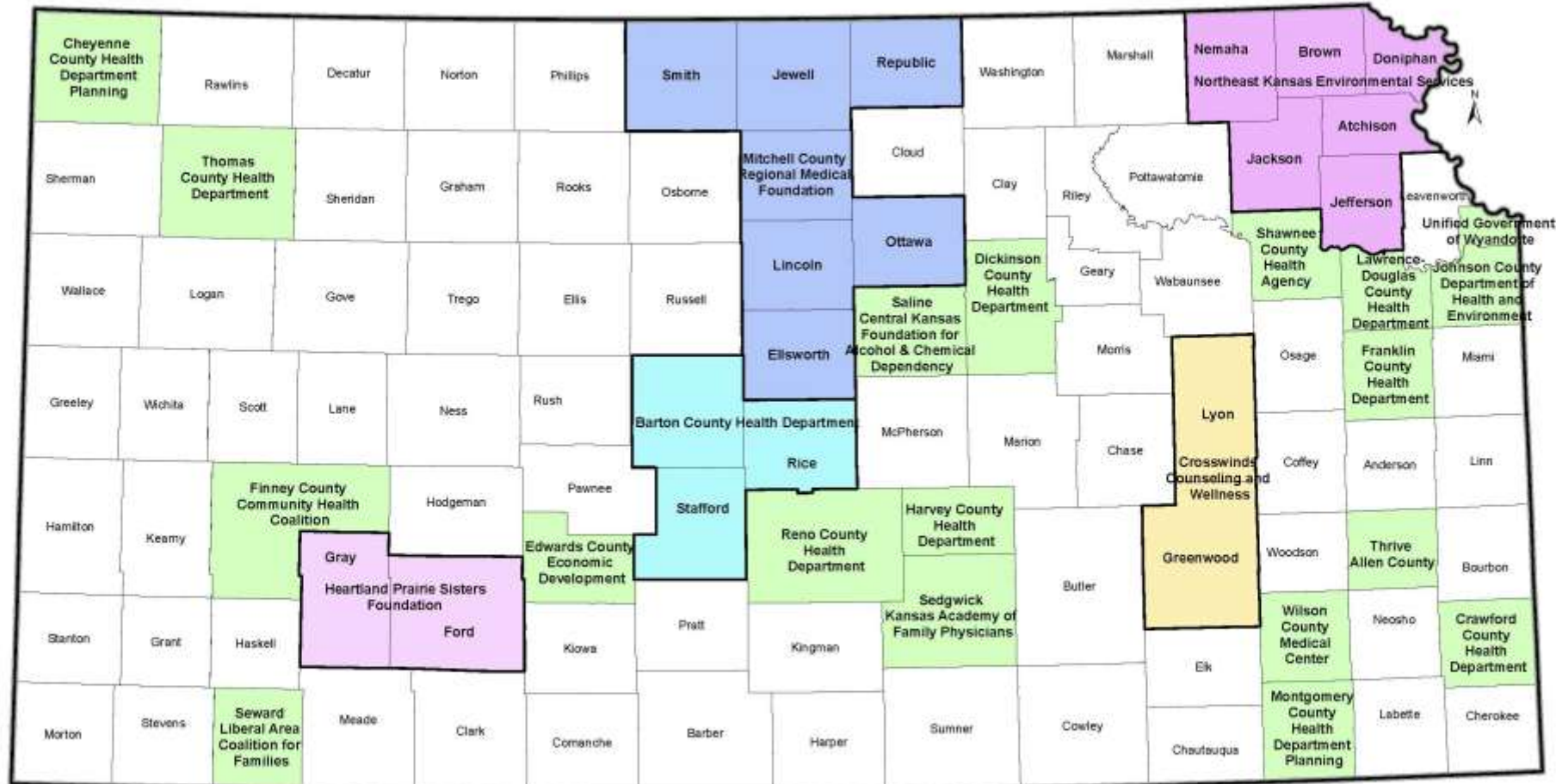
Chronic Disease Risk Reduction Grantees SFY 2018

Community Health Specialists

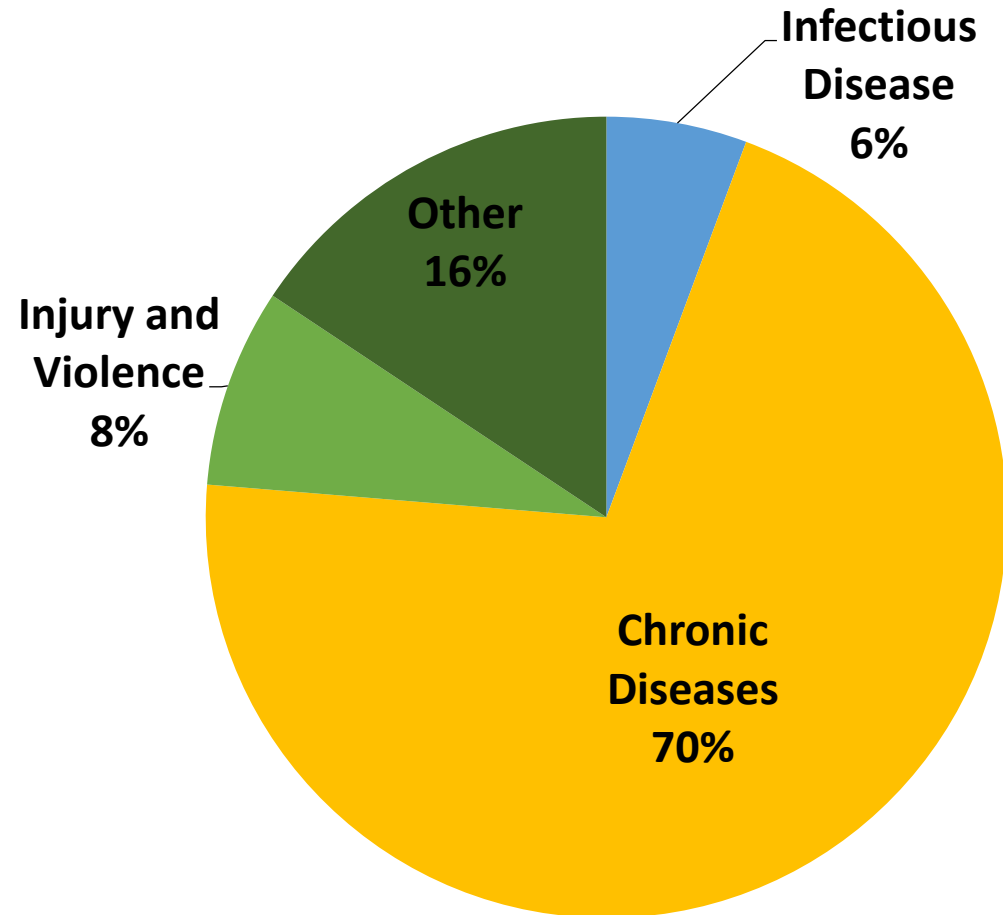
Western Region including (Barton, Mitchell)
Kathy Albert, kathy.albert@ks.gov, 785-261-6115

Northcentral including (Saline, Dickinson)
Matthew Schrock, matthew.schrock@ks.gov, 316-337-6056

Northeast Region
Jordan Roberts, jordan.roberts@ks.gov, 785-291-3418



Chronic diseases are the leading causes of death in Kansas, 2015



Source: 2015 Annual Summary of Vital Statistics, Bureau of Epidemiology and Public Health Informatics, KDHE

CDRR Mission



Meat Market Plaza, Chelsea NYC

Health Equity Emphasis in CDRR

Equality



Equity



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Planning/Capacity and Implementation Phases

- Planning Phase
 - Apply for a Planning/Capacity Phase if community does not have an active coalition focused on community health
 - Planning phase grants must include a staffing plan for at least 0.25 FTE and 25% match
- Implementation Phase
 - Community has an active coalition (and a chronic disease plan based on current data)
- Both phases must maintain a coalition or sub-committee focused on tobacco use prevention



Priority Goal Areas

- Prevent initiation of tobacco use among young people
- Eliminate nonsmokers' exposure to secondhand smoke
- Promote quitting among adults and young people
- Increase physical activity, access to healthy foods, and community resiliency
- Increase the ability of those with chronic disease to manage their condition(s)



Grant Eligibility

- Local health department or designee
- Match



Public Health
Prevent. Promote. Protect.



KANSAS | **Chronic
Disease
Risk
Reduction**

Grant Requirements

Administration & Management

- Participate in professional development opportunities
- Site visit, progress calls
- Report progress
- Submit communication items
- Consult epidemiologist



Grant Requirements

Data & Information Activities

- Use data available from existing sources
- Recruit schools, administer youth surveillance as requested
- Collect, submit local policies as passed



Grant Requirements

Interventions to Improve Public Health Activities

- Recommendation - engage youth, connecting schools & youth leaders, & promoting Resist

Communications & Promotion Activities

- Capitalize on local interventions, generate instances of earned media

Grant Requirements

Partnership Activities

- Create diverse chronic disease prevention/health promotion coalition
- Create community coalition that focuses on tobacco strategies



Eligible Expenses

- Salary
- Travel
- Professional development costs
- Supplies
- Advertising, signage
- Consultants, contractors
- Facility, equipment rental
- Speaker fees
- Educational materials



Ineligible Expenses

- Food (e.g., meals, snacks for meetings)
- Direct services (e.g., tobacco cessation counseling)
- Medications
- Lobbying
- Incentives
- Capital equipment/infrastructure

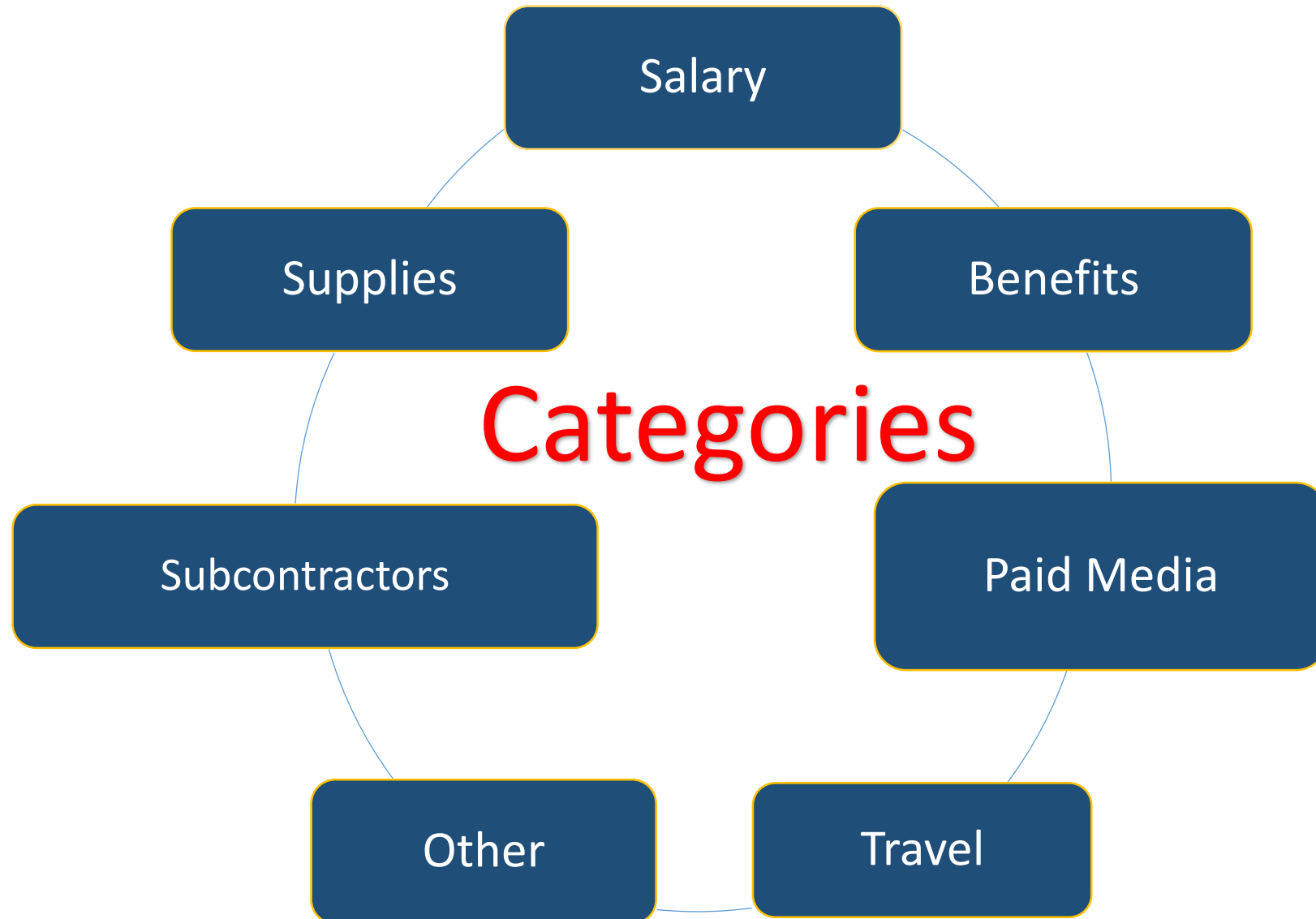


Match

- 25% match required for every dollar awarded
- Examples of match:
 - Other grants that support / complement / supplement workplan
 - In-kind staff time
 - Food provided by local organizations for meetings



Budget Section



Planning Application Questions

- Community Profile - Planning applicants please clearly address each of the following parts in the narrative:
Population, Demographic makeup, Prevalence of behaviors and/or chronic diseases, School districts(s) and number of schools, Approximate number of primary care providers, major employers
- Community Capacity - Planning applicants describe the staff, partnership collaboration and resources that will support your efforts and training, tools or assistance you might seek to increase community capacity.

Planning Application Questions

- What challenges do you as a planning grant applicant anticipate in building your coalition and mobilizing community members around chronic disease prevention?
- What do you still need to learn about chronic disease in your community?
- Select the counties to be served in the workplan.

CONNECTIONS MAP

County:

Please complete the following table to describe your current resources for coalition building. Please list any connections (names, titles) you have with the different organizations, associations, and sectors in your community. These may be friends, relatives, colleagues, neighbors, or acquaintances. Think about connections that may help you reach other individuals or organizations to partner with in your chronic disease risk reduction efforts. The last box can be used for any connections you have that don't fit in the other boxes.

This table should be reproduced using 10-pt bold font for cell titles and 10-pt regular font for cell content. The table may be expanded as needed to capture all relevant community connections.

Corporate/Business/Labor and Employee
Unions

Social Service Agencies

Civic Organizations

K-12 Schools/School Boards/PTA

Youth-led Groups/Youth Advocacy
Organizations

Other Educational Agencies (Colleges/
Universities/Early Childhood)

Government (e.g. Law Enforcement, City
Administration, etc)

Foundations (Local, State, National,
Corporate)

Current & Former Smokers/Alcohol and
Drug Prevention / Survivor Support Group

Planning/Transportation/Parks & Rec.

Key Individuals/Champions

Faith-Based Organizations

Health Care/Health Departments/
Hospitals

Media

Other Community Initiatives

Planning Phase Form

**IDENTIFYING LINKAGES
BETWEEN COMMUNITY PRIORITIES & TOBACCO CONTROL**

Identify existing community priorities and the groups that are working on those priorities. Recently published community reports are one source of information. However, the best information comes from talking to representatives of local groups.

Community Group/Audience	Likely Priority Issue(s)	Link to Tobacco Control and Other Future Grant Activities	Partnership Opportunities

**IDENTIFYING LINKAGES
BETWEEN COMMUNITY PRIORITIES & PHYSICAL ACTIVITY & NUTRITION**

Identify existing community priorities and the groups that are working on those priorities. Recently published community reports are one source of information. However, the best information comes from talking to representatives of local groups.

Community Group/Audience	Likely Priority Issue(s)	Link to Physical Activity and Nutrition Grant Activities	Partnership Opportunities

TYPES AND LEVELS OF PARTNERSHIP

On-going partnerships. Individuals and groups with deep roots in the community, as well as those with a history of addressing long-standing and emerging community priorities. Resident associations, the faith community, well-established non-profits and community-based organizations fall within this group. Such grassroots groups have a strong understanding of a community's culture, recognized community leaders, and close ties to priority populations.

Critical juncture partnership. One that involves a short-term alliance focused on a specific purpose or task. It is important to identify partners who are strong allies who are unlikely to join the day-to-day work of the coalition, but are willing to lend a hand at critical junctures of chronic disease risk reduction efforts (e.g., when policy changes are proposed or legislative action is required).

Zones of collaboration. Collaborations with intermediary groups (e.g., community foundations) that are working to address other community priorities but serve the same populations. Zones of collaboration are no-compete, resource-sharing spaces developed by two or more organizations that are "competitors in the marketplace." Residents' groups, the faith community, service providers, schools, health coalitions, local government, and others may be "competitors" seeking to work with and serve the same population groups in the community, or "marketplace."

Type of Partnership	Names of Individuals or Organizations	Ideal Time to Partner			Strategies to Foster the Partnership
		0-12 mo	Next Year	After 1 Year	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
On-going		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Critical Juncture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Collaborations Zone		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Application Instructions, p. 22-25 in RFP

Application Instructions

Incomplete applications will not be considered.

Please direct any questions to your regional Community Health Specialist. Grantees are encouraged to have assigned Community Health Specialist review application at least 48 hours prior to submission to ensure application is complete.

The application will be completed using the Kansas Grant Management System. First time applicants may contact Karen Kelley, Kansas Grant Management System Manager, at Karen.Kelley@ks.gov for information about using KGMS.

Scoring Guidance

SFY 19 (2018-2019) CDRR Planning Applicant Scoring Guidance		
Administration and Management: Evidence that the organization has a need for and ability to successfully use the funds.		Score Weight
Community Profile	Clear and specific description of community that includes data on community demographics and the prevalence of behaviors and/or chronic diseases.	75%
Community Capacity	Staff, partnership collaboration, resources, and necessary training and tools are identified and linked specifically to addressing community needs.	
Budget	Detailed and realistic budget with clear justification of proposed expenditures related to coalition/capacity building and data assessment and planning.	
Planning Phase Form: Evidence that the organization has a plan for building partnerships.		
Connections Map	Resources for coalition building are identified fully.	20%
Identifying Linkages - Tobacco Control	Community priorities and groups working on tobacco control are described.	
Identifying Linkages - Physical Activity & Nutrition	Community priorities and groups working on physical activity and nutrition are described.	
Types of Levels of Partnership	Partnership formation is planned fully.	
Application Quality: Evidence that the organization applied forethought, organization, and correct grammar to their application.		
Grammar and Content Organization	Exemplary grammar and content organization that is easy to read and comprehend, and has no or few minor errors.	5%
Completion and Conciseness	Provides complete and concise responses.	

CDRR Grant Cycle

- RFP released in January
- RFP due in March
- Grant period July 1-June 30
 - Build the coalition and tobacco subcommittee
 - Complete progress reports, including mid-year and year-end report with financial status reports
 - Participate in bi-monthly calls with CHS
 - Attend three regional meetings
 - Attend the Summit and two other approved trainings



Lisa Frey Blume

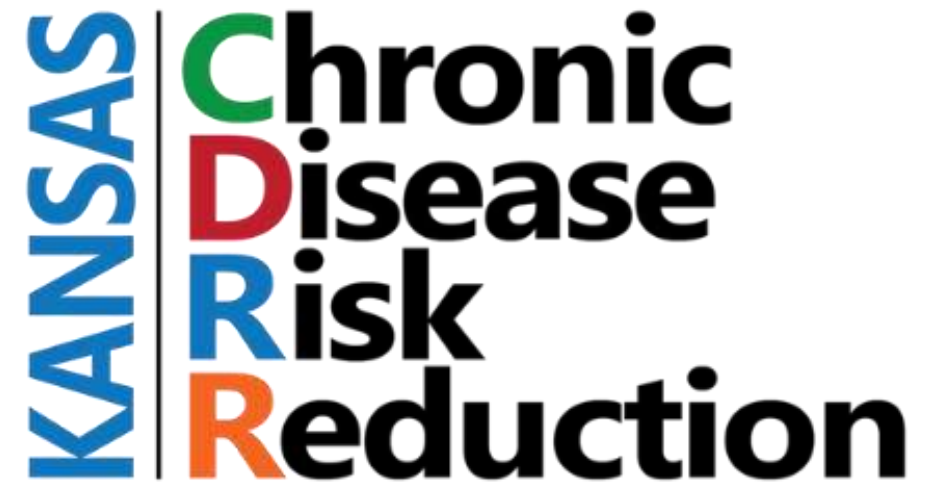
Training & Outreach Coordinator

Community Health Specialist

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